Method of Procedure.—Under this heading the author calls attention to the fact that the action of psychotherapy on motor and psychic phenomena can be readily understood by referring to his diagram and noting the controlling relation of the O. As to the action of this method on the idea he refers to Dubois who has set forth the particulars fully. We cannot proceed with these cases, however, as in hypnosis, by order, by injunction, the action must be indirect. The principle of this indirect psychotherapy is two-fold. In the first place we may create an idea, a sensation, an emotion, an involuntary habitual psychic state, in making the subject do an act conforming to this idea, sensation, or emotion. In the second instance we may fix, develop, or accentuate the idea by voluntarily making all the acts conform to this psychic state. In doing this it is necessary, *first,* To distract the patient from the pathological idea, sensation, or emotion, and never address his attention to it; *second,* It is necessary to distract the patient from the necessity of conforming his life in relation to these morbid ideas; *third,* The superior psychotherapy is absolutely based on the personality of the subject, on his intelligent cooperation, and in order to obtain results it is necessary to point out to the patient the importance of the end to be attained; *fourth,* When applying these divers psychotherapeutic processes it is necessary to supervise in every particular the *milieu* in which the patient lives.

WHITE.

The Journal of Mental Science

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1. Amentia and Dementia: a Clinico-Pathological Study. JOSEPH SHAW BOLTON, M.D.
2. On Instinct: A Psycho-physical Study in Evolution and Dissolution. W. H. B. STODDART.
3. The Clinical Significance of Indoxyl in the Urine. LEWIS C. BRUCE.
4. Industry and Alcoholism. W. C. SULLIVAN.
5. A Serum Reaction occurring in Persons suffering from Infective Conditions. LEWIS C. BRUCE.
6. The Clinical Measurement of Fatigue. WILHELM SPECHT.

1. *Amentia and Dementia.*—Continued article.

2. *On Instinct.*—The author attempts to show that in mental diseases in general and in general paralysis of the insane in particular, the symptoms shown can be correlated with a dissolution of volition, followed by a dissolution of instinct. From his own observations and from various other sources he has compiled in chronological order the appearance of the various instincts in infants and children. He maintains that there are two motor nervous systems. First, the cortico-rubra-spinal, representative of the pristine instinctive motor system. Second, the pyramidal tract which is the volitional motor system. Volition he assumes is developed later than instinct, and hence in mental disease it is the first to be affected by dissolution, and then follows the dissolution of instinct in the reverse order of their appearance. He cites general paralysis as an example of his theory, and maintains that it is applicable at least to most, and probably to all cases of mental disease. Here the author falls into the common mistake of attempting to explain all mental disease by the same rules that might apply to general paralysis or senility. He further expresses the hope that this view of mental diseases may prove a guide to the prognosis in indi-

vidual cases, by simply noting in which stage of dissolution the patient may be at a certain time.

3. *Indoxyl in the Urine.*—The author presents his conclusions based upon the examination of twenty-seven patients, thirteen of whom "presented the mental symptoms of depression." In eight, or 61.5 per cent., the urine showed an excess of indoxyl, while in fourteen cases "not depressed," only two, or 21.4 per cent., showed this excess of indoxyl. From the rather inadequate data he concludes that there is some relation between an excess of indoxyl in the urine and mental depression, and that the excess of indoxyl is a cause of the depression rather than the converse. In one case the result of the treatment suggested that indoxyl was the chief cause of the disease. The statement that the presence of an excess of indoxyl in the urine means a loaded alimentary tract, comes nearer to being a true explanation than any hypotheses regarding the relation of indoxyl to depression, unless more systematic examinations were made.

4. *Industry and Alcoholism.*—Here are presented quite adequately and concisely the effects of two opposed types of drinking, the convivial and industrial, based upon carefully collected statistics from various regions, where the occupation and habits of the people differ greatly. The industrial drinkers include men who do hard laboring work and drink according to the traditions of a certain trade. The dockers are given as a striking example of this group, often drinking six pints of ale a day, or more than four ounces of alcohol. The opposed type, the convivial drinkers, are mostly skilled workmen, who drink much less because they are either prohibited from drinking during business hours, or have seen that such indulgence is detrimental to them. They may occasionally become intoxicated, but statistics show that in regard to mortality and crime there is no comparison in this class to the industrial drinkers. The following propositions give his ideas in regard to the use of alcohol by these classes.

1. That in a large majority of individuals alcohol in moderate doses acts as a real psychomotor stimulant increasing considerably the output of muscular work.

2. That this stimulant action lasts only for a short period and is ordinarily followed by a phase of depressed activity, which more than compensates the initial stimulation.

3. That on sensory functions the action of alcohol is regularly a depressant causing a diminished acuteness of sensations, and a diminished quickness of perception.

An interesting table is appended which shows graphically the relation of convivial and industrial drinking to crime and morality.

5. *Serum Reaction in Infective Conditions.*—Observation upon the opsonic indices of the insane accidentally led the author to observe that red blood corpuscles of healthy persons were agglutinated by the serum of the insane. Further tests showed that the following psychoses gave this reaction, i. e.: Mania with or without confusion. Katatonia, hebephrenia, the depression of *"manic-depressive"* insanity, and epilepsy with excitement. These he considers due to bacterial infection, and hence infective psychoses. Other psychoses "due to causes other than bacterial infection such as melancholia of metabolic origin, systematized delusional insanity, and insanity the result of exhaustion," did not give the reaction. Experimental work on rabbits, by infecting them with various organisms, would tend to prove that the agglutinative reaction was due to infection. From

this the author divides insanity into two great classes—infective and non-infective. From what has been stated it is readily seen what psychoses belong in these two groups. It is difficult to see how this reaction alone can be made the basis for such an important classification, as thus far those engaged in the study of immunity and allied problems have found the agglutination of the corpuscles by certain sera, while an interesting phenomenon was of little importance as a diagnostic factor.

6. *The Clinical Measurement of Fatigue.*—Continued article.

H. A. Cotton.

Allgemeine Zeitschrift für Psychiatrie

(Band LXIII. Heft 3 and 4. 1906.)

1. The Influence of Psychical Processes on Metabolism. Rosenfeld.
2. Manic-Depressive Insanity and Arteriosclerosis. Albrecht.
3. Intermittent Insanity. Gregor.
4. Case of General Paresis after Shock from High Tension Current. Adam.
5. Combined Psychoses. Geist.
6. The Danger to the Descendants of Psychoses, Neuroses, etc., in the Ancestors. Tigge.

1. *Influence of Psychical Processes on Metabolism.*—The author after a review of the various experiments on this subject, the results of which unfortunately are little conclusive, relates his own investigations which he carried on during a period of about two years. As subjects he chose acute severe cases showing the clinical picture of katatonia, and presenting decided anomalies in the taking of nourishment. These cases he considered were specially suited for this investigation, as sudden changes of weight are common among them, and on account of frequent refusal of food forced feeding is often necessary and gives the opportunity of careful quantitative determination of the food ingested. He was careful also to choose only those who showed no tendency to excessive muscular movement, were clean and presented no bodily ailment, especially no disease of the digestive tract. The patients who answered these requirements and who had wholly or partly abstained from food for some time, were fed several times daily, with the sound, quantitatively determined food, and the resorptive power of the intestinal tract observed. By this method he hoped to gain information on the following points. Is it possible in these patients who so often show sudden loss of weight to favorably influence metabolism by the artificial introduction of abundant food, and if so to what extent? What factors hinder taking on weight? What is the effect on the psychical disturbance of long-continued over-nutrition? What is the sustenance ration of such patients? To what extent is retention or excretion of water responsible for the alterations of weight so commonly observed? Is the metabolism of these patients to be regarded as retarded? Can it be determined that there is change in composition of the urine in patients nourished in this manner? Does nitrogen equilibrium occur in the same manner as in normal cases? Is there toxic albumin decomposition in these people? Is the relation between body weight and urine in sudden withdrawal of food the same as in a normal man who after a period of full nutrition is suddenly deprived of food? In the four cases in which his experiments were carried out he has noted in tabular form, weight of the patient, food in calories, and